NATIVE PLANT NARRATIVE & APPLICATION FORM

	Office Use Only NP Submittal Date
	Project #
Project Name	
♦ Property Address_	
Owner Name, Address & Phone #	
Proposed Salvage Contractor, Cacti Salvage Cont	ractor, & Tax License #
♦ Quarter Section #	
Number of protected plants to be Number of protected plants to be Total number of protected plants	e destroyed:
Please give a brief description below of your proje PP case number, plant nursery location, and any o	ect including estimated timing of relocation, DR or other relevant information:
Native Plant Permit approval is dependent upon a Please list approval date Preliminary Plat	
Your City of Scottsdale Project Coordinator is: _	
	ite plan indicating proposed improvements, plant of authorization identifying a city approved salvage Notice of Intent to Clear Land form for a complete
Return to Development Services 'One Stop Shop' will be accepted over the counter. Do not attempt your Native Plant Permit.	for review and approval. Only complete submittals to move any plant materials prior to being issued
Review time will be approximately two (2) weeks	from time of notice that plants have been tagged.

♦ This information is available at the City of Scottsdale Records Division - 312-2356